



*City of Clarkesville*  
 P.O. Box 21 • Clarkesville, Georgia 30523  
 Telephone 706/754-4216

## EMPLOYMENT APPLICATION

PLEASE PRINT. USE INK.

\_\_\_\_\_  
 Last Name                                      First Name                                      Middle Initial                                      Social Security #

\_\_\_\_\_  
 Present Address                                      City                                      State                                      Zip

\_\_\_\_\_  
 Home Telephone                                      Business Telephone                                      Driver's License #                                      Class #

\_\_\_\_\_  
 Person We May Contact If You Are Unavailable                                      Telephone

**POSITIONS APPLIED FOR**

Class # \_\_\_\_\_ Position Name \_\_\_\_\_  
 Class # \_\_\_\_\_ Position Name \_\_\_\_\_  
 Class # \_\_\_\_\_ Position Name \_\_\_\_\_

Are you willing to work shift work (nights, weekends, etc.)?

Yes                       No  
 Full Time                       Part Time                       Temporary

**EDUCATION**

\_\_\_\_\_  
 Date available for employment

Are you a high school graduate?     Yes                       No

If yes, please list in next section below:

If no, circle highest grade completed:    1    2    3    4    5    6    7    8    9    10    11    12    GED

| School                     | Name and Location | Major Course of Study | Completed  | Yr. Graduated | Type of Degree |
|----------------------------|-------------------|-----------------------|------------|---------------|----------------|
| High School                |                   |                       | 9 10 11 12 |               |                |
| Business/ Technical School |                   |                       | 1 2 3 4    |               |                |
| College                    |                   |                       | 1 2 3 4    |               |                |
| Graduate School            |                   |                       | 1 2 3 4    |               |                |

**GENERAL INFORMATION**

Have you filed an application with the City within the last 90 days?  Yes  No

Have you ever been employed with the City?  Yes  No \_\_\_\_\_  
 When \_\_\_\_\_ Where \_\_\_\_\_

Are you related to anyone currently employed by the City?  Yes  No \_\_\_\_\_  
 Relative's name \_\_\_\_\_ Relationship \_\_\_\_\_ Department \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Can you submit legal verification of your right to work in the United States?  Yes  No

In accordance with the Immigration Reform and Control Act of 1986, proof of authorization to be employed in the United States will be required of all prospective employees. Failure to establish such proof will prohibit or discontinue employment.

Have you ever been convicted of a felony?  Yes  No

If yes, give date(s) and type(s) of offense \_\_\_\_\_

**ACTIVE MILITARY SERVICE**

List dates and numbers of all active service:

From \_\_\_\_\_ to \_\_\_\_\_ Serial or Service # \_\_\_\_\_

Branch of Service \_\_\_\_\_

**EMPLOYMENT RECORD - List first the most recently held position. All information must be completed.**

|                 |                |                                    |       |     |
|-----------------|----------------|------------------------------------|-------|-----|
| Employer        | Street Address | City                               | State | Zip |
| From Mo/Yr      | Telephone      | Supervisor's Name and Phone Number |       |     |
| Duties          |                | Position                           |       |     |
| Starting Salary | Leaving Salary | Reason for leaving                 |       |     |
| Employer        | Street Address | City                               | State | Zip |
| From Mo/Yr      | Telephone      | Supervisor's Name and Phone Number |       |     |
| Duties          |                | Position                           |       |     |
| Starting Salary | Leaving Salary | Reason for leaving                 |       |     |
| Employer        | Street Address | City                               | State | Zip |
| From Mo/Yr      | Telephone      | Supervisor's Name and Phone Number |       |     |
| Duties          |                | Position                           |       |     |
| Starting Salary | Leaving Salary | Reason for leaving                 |       |     |

|                 |                |                                    |       |     |
|-----------------|----------------|------------------------------------|-------|-----|
| Employer        | Street Address | City                               | State | Zip |
| From Mo/Yr      | Telephone      | Supervisor's Name and Phone Number |       |     |
| Duties          |                | Position                           |       |     |
| Starting Salary | Leaving Salary | Reason for leaving                 |       |     |

**UNEMPLOYMENT RECORD**

Account for all periods of unemployment and extended illness/disability of four (4) weeks duration or more for the last five (5) years or since you left school.

|            |          |                            |
|------------|----------|----------------------------|
| From Mo/Yr | To Mo/Yr | State what you were doing. |
|            |          |                            |
|            |          |                            |
|            |          |                            |

**DRIVING HISTORY**

|                                                          |              |                      |                 |
|----------------------------------------------------------|--------------|----------------------|-----------------|
| Do you have a valid driver's license?                    | Which State? | Driver's License No. | Expiration Date |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |              |                      |                 |

Have you incurred any traffic charges within the last three (3) years?  Yes  No

If yes, give date(s) and type of charge(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby direct the Department of Public Safety of Georgia or any other authorized agency to whom this authorization may be presented, to release to the City of Clarkesville Personnel Officer an abstract of my driving record for the past three (3) year period to be reviewed by said Personnel Officer in processing my employment application and determining my suitability for various job assignments.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Are there any accommodations that you would need to do the job applied for?

Yes  No

If yes to the above, please explain what can be done to reasonably accommodate your limitation(s).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby authorize the companies, schools or agencies where I have been employed or attended to give any information regarding my employment or education. I hereby release said companies, schools or agencies from all liability for any damages whatsoever for issuing this information. A photographic copy of this authorization shall be as valid as the original.

Yes  No

You may contact my present employer.

Yes  No

You may contact my previous employers.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please provide information on any additional training, experience, or skills which you feel would increase your value as an employee. Be sure to include time periods.

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I understand that a physical examination including a drug test is required if I am employed by the City.

Signature \_\_\_\_\_

I certify that all of the information on this form provided by me is true to the best of my knowledge. I understand that should an investigation disclose any misrepresentation I will be subject to immediate dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_

YOUR APPLICATION WILL BE KEPT IN OUR ACTIVE FILE FOR 90 DAYS. YOU MUST REACTIVATE YOUR APPLICATION AFTER THAT TIME BY REAPPLYING IN PERSON.

**CLARKESVILLE POLICE DEPARTMENT**

*Habersham County, Georgia*

Brad Barrett, Chief  
Danny Clouatre, Asst. Chief

210 E. Water Street  
P.O. Box 21  
Clarkesville, GA 30523

Phone: (706) 754-5390  
Fax: (706) 754-9109

**PERSONAL INQUIRY WAIVER**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I respectfully request and authorize you to furnish the Clarkesville Police Department with any and all information that you may have concerning my school records, reputation, or other facts as may be relevant to the nature of this inquiry. This information is to be used to assist in determining my qualifications and fitness for a position with the City of Clarkesville.

I hereby release you, your organization, the City of Clarkesville and Clarkesville Police Department, and others from any liability or damage, which may result from furnishing the information requested. This instrument is valid for twelve (12) months from the above date and may be photocopied as needed by the requesting official(s).

Applicant's Signature: \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**AFFIDAVIT**

State of Georgia, County of Habersham, City of Clarkesville

Before me personally appeared the said \_\_\_\_\_ who says that he/she executed the above instrument of his/her own free will and accord, with full knowledge of the purpose thereof.

Sworn to and subscribed in my presence

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_.

**CLARKESVILLE POLICE DEPARTMENT**

*Habersham County, Georgia*

Brad Barrett, Chief  
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210 E. Water Street  
P.O. Box 21  
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**CRIMINAL HISTORY AUTHORIZATION**

I authorize the Clarkesville Police Department to obtain any criminal history record information, driver history records information or any other pertinent information pertaining to me which may be in the files of any state, national, or local criminal justice agency to be used for the purpose of my background investigation in applying for a position with the City of Clarkesville.

I release all persons, including government agencies from any liabilities or damages for having furnished such information in good faith.

Full Name (printed): \_\_\_\_\_

Street Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ U.S. Citizen: Yes \_\_\_ No \_\_\_

Drivers Lic. #: \_\_\_\_\_ State of Issue of License: \_\_\_\_\_ Other states held a lic.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sworn to and subscribed to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public State of Georgia

Term Expires: \_\_\_\_\_.

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**Results**

\_\_\_\_\_ No record on File. Local, State, or National Search.

We have searched our files on the above mentioned person. Our records indicate that \_\_\_\_\_ does not have a criminal record and has never been arrested in our district.

Date: \_\_\_\_\_

\_\_\_\_\_  
Operator Performing Check

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) \_\_\_\_\_  
[*type of public benefit*], as referenced in O.C.G.A. § 50-36-1, from  
\_\_\_\_\_ [name of government entity], the undersigned applicant  
verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

\_\_\_\_\_.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: